

APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER
REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT
READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

575-36-2518
DO NOT WRITE IN THE ABOVE SPACE

FILL IN EACH ITEM. PRINT IN BLACK OR DARK BLUE INK OR USE TYPEWRITER FOR ALL ITEMS EXCEPT SIGNATURE. IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN, WRITE "UNKNOWN."

1 PRINT NAME YOU GAVE YOUR PRESENT EMPLOYER, OR IF UNEMPLOYED, THE NAME YOU WILL USE WHEN EMPLOYED FIRST NAME TAMAKO MIDDLE NAME (IF YOU USE NO MIDDLE NAME OR INITIAL, DRAW A LINE —) KAY LAST NAME MRS. MATSUOKA	
2 MAILING ADDRESS (NO. AND ST., P.O. BOX, OR RFD) (CITY) (ZONE) (STATE) 1461 AHOAULI ST. Hon. T.H.	
3 PRINT FULL NAME GIVEN YOU AT BIRTH TAMAKO KAYA	4 AGE ON LAST BIRTHDAY 46
5 DATE OF BIRTH (MONTH) (DAY) (YEAR) NOV. 15, 1908	6 PLACE OF BIRTH (CITY) (COUNTY) (STATE) YAMAGUCHI KEN JAPAN
7 FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD SHINMATSU KAYA	8 MOTHER'S FULL NAME BEFORE EVER MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD ORI FUTINAKA
9 (MARK (X) WHICH) MALE FEMALE SEX: ☐ MALE ☒ FEMALE	10 COLOR (MARK (X) WHICH) (IF OTHER, SPECIFY) OR WHITE NEGRO OTHER RACE: ☐ WHITE ☐ NEGRO ☒ JAPANESE
11 HAVE YOU EVER BEFORE APPLIED FOR OR HAD A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER? YES ☐ NO ☒ DON'T KNOW IF ANSWER IS "YES" PRINT THE STATE IN WHICH YOU FIRST APPLIED AND WHEN ALSO PRINT YOUR ACCOUNT NUMBER IF YOU KNOW IT STATE DATE RECORDED	
12 BUSINESS NAME OF EMPLOYER. IF UNEMPLOYED, WRITE "UNEMPLOYED" MR. & MRS. SHIGERU HINO EMPLOYER'S ADDRESS (NO. AND STREET) (CITY) (ZONE) (STATE) 2538 PUUNUI AVE HONOLULU, T.H.	
13 TODAY'S DATE 8-13-54	14 WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT) Tamako Matsuoka

DO NOT WRITE IN THIS SPACE

RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY ADMINISTRATION FIELD OFFICE